

400 Garden City Plaza
Garden City, New York 11530
(516) 742-4343 - Telephone
(516) 742-4366 - Facsimile
e-mail: Intprop@ssmp.com

**SCULLY, SCOTT, MURPHY
& PRESSER**

Fax

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To:	Joseph Weitach Patent Examiner	From:	Peter I. Bernstein
Fax:	703-746-5192	Pages:	11 (including cover page)
Phone:		Date:	July 22, 2002
Re:	Benjamin E. Reubinoﬀ, et al. U.S. Patent Appln No. 09/436,164 Your Ref: FF 32536/99 Our Ref.: 13164	CC:	
<input type="checkbox"/> Urgent <input checked="" type="checkbox"/> For Review <input checked="" type="checkbox"/> Please Comment <input checked="" type="checkbox"/> Please Reply <input type="checkbox"/> Please Recycle			

Attached please find an Amendment

- ✓ Certificate of Transmission by Facsimile
- ✓ Amendment Transmittal Letter (in duplicate)
- ✓ Response under 37 C.F.R. §1.116 (7 pages)

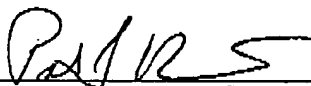
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AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 13164	
Applicant(s): Benjamin E. Rubinoff, et al.					
Serial No. 09/436,164	Filing Date November 9, 1999	Examiner Joseph Weitach		Group Art Unit 1632	
Invention: EMBRYONIC STEM CELLS					
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	70	70	0	x \$18.00	\$0.00
INDEP. CLAIMS	13	13	0	x \$80.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-1013/SSMP A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 _____ <i>Signature</i>			Dated: July 22, 2002		
Peter I. Bernstein Registration No. 43,497 SCULLY, SCOTT, MURPHY & PRESSER 400 Garden City Plaza Garden City, New York 11530 (516) 742-4343					
<div style="display: flex; justify-content: space-between;"> <div> PIB:dg CC: </div> <div style="border: 1px solid black; padding: 5px; width: 80%;"> <p style="font-size: small;">I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.</p> <p style="text-align: center; font-size: small;"><i>Signature of Person Mailing Correspondence</i></p> <p style="text-align: center; font-size: small;"><i>Typed or Printed Name of Person Mailing Correspondence</i></p> </div> </div>					